

California MEDICINE

For information on preparation of manuscript, see advertising page 2

DWIGHT L. WILBUR, M.D. Editor

ROBERT F. EDWARDS Assistant to the Editor

Policy Committee—Editorial Board

SAMUEL R. SHERMAN, M.D. San Francisco

JAMES C. DOYLE, M.D. Beverly Hills

WILLIAM F. QUINN, M.D. Los Angeles

IVAN C. HERON, M.D. San Francisco

CARL E. ANDERSON, M.D. Santa Rosa

MATTHEW N. HOSMER, M.D. San Francisco

DWIGHT L. WILBUR, M.D. San Francisco

EDITORIAL

In the Interim

UNDER PRESENT LAW California's State Legislature meets every two years for the consideration of legislation of a general nature. These sessions come in the odd-numbered years. In the even-numbered years the Legislature meets for the consideration of an annual budget for the state.

In association with the general sessions, or more likely the budget sessions, the Governor may call a special session of the Legislature to consider items listed in a specific agenda.

The "regular sessions," as the general sessions have become known, tend to bring out a large number of proposals, some of which are entered by the members of Legislature in good faith and some of which are obviously put into the hopper to appease constituents.

In the past two decades, experience has shown that about one legislative bill out of each ten introduced has some bearing on the public health or the practice of medicine. These are the measures which the California Medical Association and the Public Health League of California watch or follow closely through their progress in the 80-member Assembly or the 40-member Senate.

In the 1963 legislative session several thousand bills were introduced and the usual 10 per cent were singled out for inspection. Most of the measures which required close following were either adopted or killed in committee. A fair number, however, did not come to a definite conclusion during the legislative session but were referred to interim committees for further study and report.

Such referral to interim committees has come more and more into prominence in recent years as a legislative process which (1) prevents passage of a bill at the moment, (2) provides for a period of real study for controversial measures and (3) keeps alive a subject which otherwise might be dealt with summarily in the pressure of a busy legislative session.

The interim committees in this way assume an importance which had not been particularly noticeable until the last few years. As an example, the Assembly side of the Legislature this year sent 469 legislative measures and 221 resolutions to interim committees. Of these, 47 were measures of general interest to the healing professions and 20 more related to insurance.

In the next two years these measures will be subjected to the scrutiny of interim committees, to public hearings, to committee debate and to the blandishments of legislative representatives interested either in promoting or opposing the objectives of the bills under study.

This interest will be shared by representatives of the California Medical Association and the Public Health League, who will keep close tabs on the various items and the committees to which they are assigned. The interim committees usually consist entirely or in large part of the committees which heard the measures during the legislative session.

The California Medical Association was the sponsor of four legislative bills which have been sent to interim committee for study.

Two of these measures, Senate Bill 333 and Senate Bill 374, are of particular interest to the C.M.A. and will be pursued with the greatest of interest during their interim committee progress. SB 333 would provide that the medical fee schedule adopted by the State Industrial Accident Commission shall establish fees for industrial medical care at a level not less than the customary fees paid for the same services by the public at large. This proposal, along with many others relating to the industrial accident laws, now goes into interim committee study. If the principles in this bill are approved and the bill is adopted and signed in the 1965 Legislature, the bugaboo of industrial fees would be leveled once and for all. Industrial fees have been notoriously low since they were first adopted about 50 years ago, and while some progress has been made since 1946 in bringing them more nearly in line with

customary fees, there is still a wide gap which discourages many physicians from accepting these cases. The ability to pay is no criterion here, since the law requires that the employer or his agent must meet the necessary cost of medical and surgical care.

Senate Bill 374 proposes similar treatment for medical fees paid by state agencies for services to recipients of care under a variety of state programs. Here again, the state agencies are asked to pay medical and surgical fees for these wards in an amount commensurate with that customarily paid by the general public for the same service. This would apply to welfare cases, crippled children's services and other state programs.

Other C.M.A.-sponsored measures sent to interim committees include Assembly Bill 1972, to implement the Keogh law and AB 2007, to bring income tax deductions for health care in the state into line with those followed by the federal government.

Also to be followed closely by C.M.A. representatives will be several measures sponsored by labor interests, including a complete program of state-operated medical care. This proposal is reminiscent of the measure sponsored and lost by Governor Earl Warren in 1945. One Assembly and one Senate measure to provide such a system will be before interim committees.

In addition, a number of measures in which med-

icine is directly interested will come in for interim study in preparation for the 1965 legislative session. These include a variety of subjects, from establishment of a board to license massage parlors to a state medical disciplinary board, and from sales taxes on prosthetic appliances to legislation dealing with drug addicts.

Referral of this volume of work to interim committees means that the legislative representatives of the Association will have to continue their activities the year around. This system of legislative consideration demands an ever-alert scrutiny of the legislative process of the state. At the same time, it assures proponents and opponents of controversial issues of an opportunity to make their presentations outside the hurly-burly usually found in a legislative body facing a huge volume of work and a mandatory deadline for completion of its assignments.

We are fortunate in the California Medical Association to have the dedicated and experienced Committee on Legislation and legislative representatives who have advocated our interests for some years. Their efforts, we know, will be most effective during this lawmakers' recess and will show up when the next general session gets under way in 1965. The support of all members, when and if called on to participate in this work, will be tremendously helpful to the entire profession.

